

**REQUEST FOR DISCLOSURE
OF PUBLIC RECORDS**



Please print all information:

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the time allowed by law.

Name_____ **Phone**_____

Address/City/ST/Zip_____

E-mail Address_____

Name & Date & Description of Requested Record: (Please be specific in your request.)

I give permission to redact any information that is
confidential pursuant to Section 552.130(a) of the
Texas Government Code (Open Records Act):

Signature of Applicant

Date of Request

*******Do Not Write Below This Line – For Office Use Only*******

****Signature of Staff Receipt**

Date of Receipt

Staff Routed to_____

**S
T
A
F
F**

Staff Comments:

Forward to _____

Reviewed by _____

Released by _____

Pages _____ Fees Due _____

Date Approved _____

Date Disclosed _____

Review by City Attorney ___ Yes ___ No

Ruling from Attorney General ___ Yes ___ No

Date Submitted to AG _____

Returned from AG _____

Approved for Disclosure by AG _____